CLAIMS ONLY		Application Number 10/700099	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1							51							
2	1						52							
3		1					53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	7						Total Indep							
Total Depend	17						Total Depend							
Total Claims	24						Total Claims							